

Submit Original Executed Releases To: Plan and Document Control  
Environmental and Site Review Division  
Department of Public Works and Environmental Services  
12055 Government Center Parkway  
Fairfax, Virginia 22035-5503

RELEASE OF THE REQUIREMENT TO PROVIDE SPACE IN THE PROPOSED SHARED UTILITY EASEMENT FOR

1. APPLICANT INFORMATION (please print or type)

PROJECT NAME \_\_\_\_\_

COUNTY PLAN NUMBER \_\_\_\_\_

TAX MAP:

# \_\_\_\_ - \_\_\_\_ - ((\_\_\_\_)) - (\_\_\_\_) - \_\_\_\_\_ # \_\_\_\_ - \_\_\_\_ - ((\_\_\_\_)) - (\_\_\_\_) - \_\_\_\_\_

# \_\_\_\_ - \_\_\_\_ - ((\_\_\_\_)) - (\_\_\_\_) - \_\_\_\_\_ # \_\_\_\_ - \_\_\_\_ - ((\_\_\_\_)) - (\_\_\_\_) - \_\_\_\_\_

SUPERVISORY DISTRICT \_\_\_\_\_

PROPERTY OWNER OR DEVELOPER \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AGENT FOR APPLICANT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. PUBLIC SERVICE CORPORATION / FRANCHISED CABLE TELEVISION OPERATOR OWNER AUTHORIZATION (please print or type)

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME / TITLE OF AUTHORIZED AGENT \_\_\_\_\_

CHECK ONE

\_\_\_\_\_ FACILITIES ALREADY INSTALLED EXCEPT FOR INDIVIDUAL SERVICE CONNECTIONS

\_\_\_\_\_ SERVICE WILL NOT BE PROVIDED TO THE PROPOSED SUBDIVISION

\_\_\_\_\_ FACILITIES WILL BE PROVIDED BUT WILL NOT BE INSTALLED IN THE COMMON EASEMENT

\_\_\_\_\_ RESERVATION OF SPACE IN THE COMMON EASEMENT FOR INSTALLATION OF FUTURE FACILITIES IS NOT REQUESTED

As authorized agent for the above utility, I hereby certify that the proposed construction plan/plat for the above project have been reviewed and authorize the Director of the Department of Public Works and Environmental Services, at his/her discretion, and following consideration of any comments attached, to waive the requirement to provide space in the proposed shared utility easement for the installation of the above utility’s facilities pursuant to Section 101-2-2(24) of the Fairfax County Subdivision Ordinance.

\_\_\_\_\_  
(signature) (date)

ESRD (9/23/04)